

2007 ADULT _____ **PROBATION REPORT WORKSHEET**
(INDICATE FELONY OR MISDEMEANOR)

COUNTY: _____ COURT(S): _____ COURT I.D. NUMBERS: _____	THIS REPORT COVERS THE PERIOD FROM: _____ TO: _____, 2007
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PART I - SUPERVISIONS

	1	2	3	4	5	6	7	8
	Post-sentence Supervision	Shock Probation	"Split Sentence" Supervision	InterState Accepted	IntraState Accepted	Supervision in Lieu of Prosecution	Other	Total Supervisions (Add Lines 1-7)
A. Supervisions Previously Pending								
B. Supervisions Received								
C. Total Supervisions Before You (add lines A and B)								

PART II – CLOSED AND INACTIVE SUPERVISIONS

D. Discharged (Completed Probation)								
E. Revoked Because of New Offense								
F. Revoked for Technical Violation								
G. Other Closed Supervisions								
H. Subtotal Closed Supervisions (add lines D through G)								
I. Absconded and Warrant Active								
J. Intrastate Transferred Out								
K. Interstate Transferred Out								
L. Other Inactive Supervisions								
M. Subtotal Inactive Supervisions (add lines I through L)								
N. Total Closed & Inactive (add lines H and M)								
O. Supervisions Pending (C minus N)								

2007 ADULT PROBATION REPORT (continued)

PART III

1. How many pre-sentence investigations were completed during the reporting period? _____
2. Of the supervisions reported on Line O, Column 8, how many are classified by the risk assessment tool as:
A. High _____ B. Medium _____ C. Low _____
D. Administrative _____ E. Total (A through D) _____
3. Of the supervisions received this quarter (Line B, Column 8), how many were convicted of a substance abuse offense as defined in the instructions? _____
4. Of the supervisions received this quarter (Line B, Column 8), how many indicated some type of disruption due to substance abuse on the initial risk assessment form? _____
5. Please explain entries in "Other" categories from Parts I and II.

6. A. Does your department conduct contractual services for diversion programs or other non-probation based programs (i.e., urine screens for prosecutor diversion programs, etc.)?
Yes _____ No _____

B. If yes, please list each entity that has contracted with your department for these services and the services provided under these contracts: _____

C. What was the total amount of revenue received during the calendar year from these contracted services? _____

Instructions have been provided with this worksheet to assist you in completing the report correctly. Copies of this worksheet and instructions are also available on-line at:

www.in.gov/judiciary/admin/courtmgmt

To obtain your password, please contact the JTAC Helpdesk at 1-888-275-5822